



ARKANSAS DEPARTMENT OF HEALTH

OFFICE OF ALCOHOL TESTING

Box 8509 • Little Rock, Arkansas 72215-8509 • (501)-661-2425 • FAX: (501) 661-2289

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

BLOOD KIT REQUEST FORM (Please write legibly)

Name of Department or Hospital: _____

Person Requesting Kits: _____

of kits requested: _____
(subject to availability)

Shipping Address: _____

Fed Ex Account Number: _____

OR

UPS Account Number: _____

Use this account number for all future blood kit shipments.

Only use this account number for this blood kit shipment.

Signature of person requesting blood kits: _____

Date Kits Mailed: _____ Chemist: _____

Fax completed form to (501) 661-2289